

MARGIN RESERVED FOR BINDING.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 35 ✓	
1. PLACE OF DEATH							
COUNTY <u>Cochise</u>				STATE <u>ARIZONA</u>			
TOWNSHIP _____				OR VILLAGE _____			
CITY <u>Dragoon</u>				NO. _____ ST. _____ WARD _____			
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE				HOW LONG IN U. S. IF OF FOREIGN BIRTH			
IN CITY OR TOWN WHERE DEATH OCCURRED <u>46</u> YRS. <u>—</u> MOS. <u>—</u> DS.				YRS. <u>—</u> MOS. <u>—</u> DS.			
2. FULL NAME <u>Francis Wilburn Adams</u>				HOW LONG IN STATE WHEN DEATH OCCURRED <u>46</u> YRS. <u>—</u> MOS. <u>—</u> DS.			
(A) RESIDENCE: NO. _____				ST. _____ WARD _____			
(USUAL PLACE OF ABODE)							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WID. <u>Married</u>			
				OWED, OR DIVORCED, (WRITE THE WORD)			
5A. IF MARRIED, WIDOWED, OR DIVORCED				HUSBAND OF <u>Martha Hayden</u>			
(OR) WIFE OF							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 17, 1861</u>							
7. AGE		YEARS		MONTHS		DAYS	
<u>77</u>		<u>5</u>		<u>29</u>		IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Cattle Man</u>							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Alabama</u>							
13. NAME <u>Unknown</u>							
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)							
15. MAIDEN NAME <u>Unknown</u>							
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)							
17. INFORMANT <u>Pirl Adams</u>							
(ADDRESS) <u>Cochise, Ariz.</u>							
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u>							
PLACE <u>Adams Cemetery</u> DATE <u>June 17, 1938</u>							
19. EMBALMER } LICENSE NO. <u>199-A</u>							
FUNERAL DIRECTOR } SIGNATURE <u>Frank W. Rottman</u>							
ADDRESS <u>Willcox, Arizona</u>							
20. FILED _____, 19 _____ REGISTRAR <u>L. W. Moffett</u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 16, 1938</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>June 16, 1938</u> TO <u>June 16, 1938</u>							
I LAST SAW HIM/HER ALIVE ON <u>June 16, 1938</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>11:30 p.m.</u>							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:							
<u>Hypertensive Pneumonia</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:							
<u>Cardio renal vascular syndrome</u>							
NAME OF OPERATION <u>None</u> DATE OF WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>No</u>							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19 _____							
WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____							
MANNER OF INJURY _____							
NATURE OF INJURY _____							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u>							
IF SO, SPECIFY _____ (SIGNED) <u>C. B. Buzza</u> M. D.							
(ADDRESS) <u>Willcox, Arizona</u>							